



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of inventor Wier

Serial No. : 10/661,782

Group Art Unit: unassigned

Filed: 09/15/03

Examiner: unassigned

For: ***"METHOD FOR MEASUREMENT OF LYMPHOCYTE FUNCTION"***

Assistant Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT UNDER 37 C.F.R. § 1.115

Dear Sir:

Prior to initial examination, please amend the above-identified application as follows:

Please add new claims 33- 47.

Amendments to the Claims are indicated by the notation "original", "new" or "cancelled" in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 6 of this paper.

AMENDMENT TRANSMITTAL LETTER (Small Entity)

Applicant(s): Wier

Docket No.

04200001CB

Serial No.

10/661,782

Filing Date

September 15, 2003

Examiner

Unknown

Group Art Unit

Unknown

Invention: **METHOD FOR MEASUREMENT OF LYMPHOCYTE FUNCTION****TO THE COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

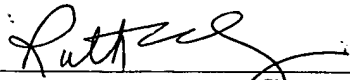
- ☐ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☐ A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-2041**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.



Signature

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Dated: November 20, 2003

I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*Signature of Person Mailing Correspondence***HAND DELIVERED***Typed or Printed Name of Person Mailing Correspondence*

CC: